Rochester City School District
Student Health Services

FIELD AND WALKING TRIP MEDICAL CONSENT FORM FOR _____SCHOOL YEAR

Parents/guardians must complete and return this form to the school nurse at least 7 days before the first field trip or walking trip of each school year and update this form if their child's medical condition changes

Student Name	Date of Birth
Street Address with Zip Code	Doctor's Name
Home Telephone	Doctor's Telephone Number
Insurance Carrier's Name	Insurance Identification Number

STUDENT'S HEALTH STATUS

Does your child have any **current** health problems? (Please check all that apply and tell us about them):

____Allergies **(that requires emergency medicine)**
____Cardiac (Heart) problems
____Seizure Disorder
____Bee sting **(that requires emergency medicine)**
____Asthma/Breathing problems
____Diabetes
____Bones or Joints
____Other problems? _____

Please tell us more about the problem(s) _____

MEDICINES

***The school nurse must have a current doctor's order for medicine on file in order for your child to take medicine on the trip. Please contact your child's school nurse to make sure all medical forms are completed.*

Medication that needs to be taken on the Field Trip: _____

_____ (initials) My child doesn't need any medication on field trips for this school year.

I give permission to a physician or hospital to secure proper treatment including (but not limited to) medications, injections, anesthesia or surgery for my child as named above.

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted above. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid where/when necessary. I understand that I will be responsible for the cost of all medical treatment render in connection with the trip.

_____ _____
Parent / Guardian Signature Date

For School Nurse Use Only

No Concerns_____ Needs nurse to attend_____ No doctor orders/note _____ See nurse 24/48hrs before trip_____
Students Ability to Administer Medication: _____Self-administration _____ Non-Self administration
Medical/Emergency Care Plan: _____Yes (if so please provide plan)_____No

Parent input:_____

_____

_____ _____
Nurse signature Date

This form is the property of the Rochester City School District ("RCSD") and should not be used if the school field trip is not authorized and approved by the RCSD. It may not be modified and must be completed in full to be processed and approved.

This form is available on the WEB at http://www.rcsdk12.org on the "Health Services Forms for Parents" list